

# FOR OFFICE USE ONLY

The Commonwealth of Massachusetts  
Division of Apprentice Training  
And

Appr. Lic #

Fill box if you have a number



Appr. ID #

This box for D.A.T. office use

Division of Professional Licensure  
Board of Dispensing Opticians

Compliance Officer Number: \_\_\_\_\_

Sponsor Number: \_\_\_\_\_

<u>APPRENTICE STATUS</u>	<u>DATE</u>
Date Entered	<input type="text"/>
Completed / Certificate	<input type="text"/>
Suspended	<input type="text"/>
Cancelled	<input type="text"/>
Military Service	<input type="text"/>
Deceased	<input type="text"/>

**Please submit two separate checks for the following fees:**

**Board of Dispensing Opticians Fee: \$15.00** (Make BANK CHECK / MONEY ORDER, no personal check(s) for this fee) payable to: The Commonwealth of Massachusetts).

**Application Fee: \$40.00 / Photo ID Card Fee: \$35.00 for a combined total of \$75.00** (please submit one check for these two fees). Make check payable to: The Commonwealth of Massachusetts.

## DISPENSING OPTICIANS APPRENTICE AGREEMENT

Pursuant to the Standards of Apprenticeship adopted by the Sponsor and registered with the Massachusetts Division of Apprentice Training, the provisions of which are hereby made part of this Agreement, and in compliance with the Massachusetts Plan for Equal Employment in Apprenticeship Training, WITNESSETH: that the Agreement is entered into by the undersigned:

(Name of Apprentice) \_\_\_\_\_

(Address of Apprentice) \_\_\_\_\_

\* SSN \_\_\_\_\_ (Date of Birth) \_\_\_\_\_ (Phone) \_\_\_\_\_

You must provide your social security number as part of your application. Pursuant to G.L. s62 C, s47A. The Division of Registration is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your Social Security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

Program Sponsor (Company): \_\_\_\_\_ Name of Store Manager: \_\_\_\_\_

Address: \_\_\_\_\_

### List Other Registered Time with Previous Employer(s)

Company	Start Date:	End Date:	Year(s) / Months

### To be Completed by Sponsor (Company)

TRADE: Dispensing Optician TERM OF APPRENTICESHIP: 6000 HOURS.

DATE APPRENTICESHIP BEGINS: \_\_\_\_\_ PROJECTED COMPLETION DATE: \_\_\_\_\_

**GRADUATED SCALE OF WAGES TO BE PAID THE APPRENTICE.** (PERCENTAGES ARE BASED ON JOURNEY PERSON WAGES)

PERIODS: 3 - 2000 hrs. / 6 - 1000 hrs. Or Other. \_\_\_\_\_

High School Attended \_\_\_\_\_ Date of graduation or GED \_\_\_\_\_

(Address) \_\_\_\_\_

The information will remain confidential and will be used for aggregate statistical data only.

TO BE COMPLETED BY APPRENTICE (Please check, circle or fill in items as appropriate)			
<u>SEX</u> 1. Male      2. Female  <b>Are you a U.S. citizen</b> Yes      /      No  <b>Other</b> _____	<u>ETHNIC GROUP</u> 1. White 2. Black 3. American Ind. or Alaskan Native  4. Asian or Pacific Islander 5. Hispanic 6. Other  <b>If answer is other, please give the full details on a separate sheet of paper.</b>	<u>VETERAN</u> 1. Vietnam Era Veteran 2. Other Veteran 3. Non Veteran	<u>DISABLED</u>  YES   NO

The Program Sponsor and the apprentice by affixing their signature in conformity with the terms and conditions provide herein, hereby agree to the following:

The Program Sponsor agrees to use its best efforts to employ and train the Apprentice in accordance with its officially adopted and duly registered Standards of Apprenticeship, such Standards to include a schedule of work process and provision for approximately 150 hours of related classroom instruction per year.

The Program Sponsor agrees to abide by all applicable provisions of the Massachusetts Plan for Equal Employment in Apprenticeship Training.

The Apprentice agrees to be diligent and faithful in learning the stated trade or craft including attendance of related instruction classes.

The first 1000 hours or six months of employment shall be a probationary period during which time this Agreement may be canceled by either party with notification to the other and to the Massachusetts Division of Apprentice Training.

This agreement must be approved by and filed with the Division of Apprentice Training and the Board of Registration of Dispensing Opticians.

The Deputy Director of Apprentice Training may cancel the agreement subject to hearing upon application by any party.

The license optician sponsoring the apprentice is limited to sponsoring no more than two apprentices at any one time.

\_\_\_\_\_  
(Signature of Sponsoring License Optician) (PLEASE SIGN IN BLUE INK)

\_\_\_\_\_  
(Address of Sponsoring License Optician)

\_\_\_\_\_  
(Please Print Name Here) (PLEASE SIGN IN BLUE INK)

\_\_\_\_\_  
(License #)

Date: \_\_\_\_\_

**Approved by the Division of Apprentice Training By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Has the apprentice applicant ever been convicted of a crime or felony or pleaded nolo contendere, to indictment information or complaint of a crime or felony in any court with the exception of minor traffic violations? Yes      No      . If the answer is "YES" please give the full details on a separate sheet of paper.

### **AFFIDAVIT BY APPRENTICE APPLICANT**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

State of Massachusetts, County of \_\_\_\_\_

\_\_\_\_\_ being duly sworn, deposes and says that he/she is the person referred to in the forgoing application; that the statements herein contained are true in every respect; that he/she has never been convicted of a crime; and that he/she read and understands this affidavit.

**Sworn and subscribed to before me this** \_\_\_\_\_ **day of** \_\_\_\_\_

\_\_\_\_\_  
(Notary Public) signature

\_\_\_\_\_  
(Notary Public) print name

My Commission Expires: \_\_\_\_\_

### **RETURN APPLICATION TO**

**Division of Apprentice Training, P.O. Box 146759, 19 Staniford Street, 1<sup>st</sup> Floor, Boston, MA 02114**